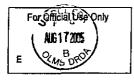
U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 11.51	2 Fiscal Year Covered From		
	1/1/04 Through 12/31/04		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name MICHAEL H JOHUSON	Name MINNEAPOLIS PAPETITES LOCAL UNION#535		
	Labor Organization File Number 14537		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 6766 EVERGREEN LU NO	Street 312 CENTRAL AVE S.E Suit 408		
City MAPLE GROVE	City MINIBERPUCES		
State MINNESOTA ZIP Codi +4 55367-553	State MINDESCH ZIP Code + 4 55414		
5 Position in labor organization Business Mandest / Financial Secretary TREASURER			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name			
Trade Name If any			
PO Box Bidg Room No If any	The second state of the se		
	7 b Amount		
Street			
City			
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.)			
Signed Michaelton	- on 8-12-05 612-379-4711		
	Date Telephone Number		

Form LM 30 (2003)

EE DAGE # 2

Name of Person Filing MICHAEL H John Son		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street	9 Business deals with a Labor Organization b Trust c Employer		
State ZIP Code + 4			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value 12 a Nature of interest held	e of such dealing	
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Minnesota Mechanical Contractor & Association Trade Name if any PO Box Bldg Room No if any Street 830 Transfer fd, City St Paul State Minne Sota 21P Code + 4 55/14	TARTAN PAI	ER ONLY " INE 28 2004 AT	
13 b Is the Business an Employer or Con ultant 7	14 b Amount of payment	3500	
FORM LM 30 (2003) This is a Report in ADDITION to The Form L-30 THAT I Page 2 012			